



Grade/Year:	Teacher & Contact (if applicable):
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**5. Security** (In order to proceed with your referral ALL questions **MUST** be answered.)

Is anyone at your / the client's property, known to be aggressive, violent or with a criminal history? If Y – please advise:	Y N
Does anyone at your/the clients property smoke? If Y – please advise:	Y N
Does the client have a positive behavioral support plan in place? If Y – please attach a copy of PBS	Y N
Is there a history of drugs or alcohol misuse at the property? If Y – please advise:	Y N
Are you aware of any firearms being stored at the property? If Y – please advise:	Y N
Are you aware of any occupant having an infectious disease? (i.e. chicken pox / shingles / gastro, etc.) If Y – please advise:	Y N
Do you have any pets at your premises?	Y N
Are there any other factors we should be aware of? If YES, please describe:	Y N

**6. Accounts Information :**

Who is responsible for paying the account / invoice? Name/Organisation: Account holder: Account manager: PH: E:
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**7. Reason for Referral/Concerns:** (Please describe support required)